



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Steven W. Dow

Jeffery Fairman

Serial No. 10/780,114

Filed: February 17, 2004

For: SYSTEMIC IMMUNE ACTIVATION METHOD USING NUCLEIC ACID-LIPID

COMPLEXES

Art Unit: 1632

Examiner: Not yet accorded

CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop MISSING PARTS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the following documents:

- 1. Notice to File Missing Parts;
- 2. Petition For Extension of Time Under 37 CFR 1.136(a);
- 3. Fee Transmittal and check in the amount of \$1223;
- 4. Executed Declaration for Utility Patent Application;
- 5. Return postcard; and
- 6. Certificate of Mailing by Express Mail

relating to the above application, were deposited as "Express Mail", Mailing Label No. EV322527300US, with the United States Postal Service, addressed to Mail Stop MISSING PARTS, Commissioner for Patents, P.O. Box 1450, Alexandria, YA 22313-1450.

Date

August 5, 2004

Sarah J. Smith, Reg. No. 41,226

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(720) 406-5301 Fax

FEE TRANSMITTAL

Effective 10/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

(\$)1223 **TOTAL AMOUNT OF PAYMENT**

Co	mplete if Known	
Application Number	10/780,114	
Filing Date	02/17/2004	
First Named Inventor	Steven W. Dow	
Examiner Name	Not yet accorded	
Group / Art Unit	1653	
Attorney Docket No.	JUV2879 54-3	

Date

8-5-09

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
□ check □ credit card □ money order □ other □ none		3. A	3. ADDITIONAL FEES					
	☐ Deposit Account		rge	Small				
Deposit Account			tity	Entity	Fee Desc	ription	Fee	
Number		Fee		Fee (\$)			Paid	
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Deposit Account Name Hogan & Hartson L.L.P.			ا ۳	25	Surcharge – late provis cover sheet	sional filing fee o)r	
		1	130	130	Non-English specificati	on		
The Director is authorized to: (check all that apply)		2,	520	2,520	For filing a request for			
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) or any underpayment of fee(s)		۹	20*	920*	reexamination Requesting publication	 		
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-					Examiner action	or one phor to		
identified deposit account		1,8	40*	1,840*	Requesting publication Examiner action			
		1	110	55	Extension for reply with	in first month		
	FEE CALCULATION	_ '	420	210	Extension for reply with	in second month	h	
1. BASIC F	ILING FEE] :	950	475	Extension for reply with	in third month	475	
Large	Small Fee Description	1,4	480	740	Extension for reply with	in fourth month		
Entity Fee (\$)	Entity Fee Fee Paid (\$)							
770	385 Utility Filing Fee 385	2,0	010	1,005	Extension for reply with	in fifth month		
. 340	170 Design filing fee		330	165	Notice of Appeal			
530	265 Plant filing fee	;	330	165	Filing a brief in support	of an appeal		
770	385 Reissue filing fee	:	290	145	Request for oral hearin	9		
160	80 Provisional filing fee	1,5	510		Petition to institute a puproceeding	ıblic use		
			110		Petition to revive – una			
SUBTOTAL (1) (\$) 385			330		Petition to revive - unir			
2. EXTRA C	LAIM FEES FOR UTILITY AND REISSUE		330		Utility issue fee (or reis	sue)		
	Fee from Fee Paid Extra Claims below	'	480	240	Design issue fee		1 7	
Total Claims	34 -20**= 14 X 9 = 126		640	320	Plant issue fee			
Independent Claims	7 -3**= 4 X 43 = 172	1	130	130	Petitions to the Commi	ssioner		
Multiple Dependent =			50		Processing fee under 3			
**or number previously paid, if greater; For Reissues, see below			180		Submission of Info Disc			
Large Entity Fee (\$)	Small Entity Fee Description Fee (\$)		40	40	Recording each patent property (times number of)	assignment per		
18			770	385	Filing a submission after CFR § 1.129(a))	(37		
86	43 Independent claims in excess of 3	7	770	385	For each additional investment (37 CFR §1.129(a))			
290	145 Multiple dependent claim, if not paid	7	770		Request for Continued			
86	43 **Reissue independent claims over		900	900	Request for expedited examination of a			
18	original patent 18 9 **Reissue claims in excess of 20 and over		design application Other fee (specify)					
original patent		"""	Other lee (specify)					
SUBTOTAL (2) (\$) 298			*Poduced by Posic Fline Fee Poid CHRTOTAL (6)					
	(4) 200	*Reduced by Basic Fling Fee Paid SUBTOTAL (3) (\$)540						
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Sagah J. Smith				tration No. ney/Agent)	41,226	Telephone	(720) 406-5385	
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Signature